

Bureau of Health Care Quality and Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2489AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 03/08/2011 |
| NAME OF PROVIDER OR SUPPLIER CHANCELLOR GARDENS OF THE LAKE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2620 LAKE SAHARA DRIVE LAS VEGAS, NV 89117 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| Y 000 | <p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted on your facility from 2/14/11 to 3/8/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed for 150 total beds, 120 elderly or disabled persons, and/or persons with mental illnesses, and/or persons with chronic illnesses, and 30 persons with Alzheimer's disease, Category II residents.</p> <p>Complaint #NV00027602 the allegation related to late reporting of an resident's accident and delay in obtaining medical care was substantiated. See TAG Y850. The allegation related to the facility smelling of urine was substantiated. See TAG 174 on the Annual State Licensure Survey dated 2/15/11. The allegation related to bathroom doors being locked in the memory care unit was not substantiated through observations and interviews with facility staff.</p> <p>#NV00027602 The complaint investigative process was initiated by the Bureau of Health Care Quality and Compliance on 2/14/11.</p> <p>The investigation included:</p> <p>-Observations of bathroom doors that were found unlocked in the resident's apartments in the memory care unit on 2/15/11.</p> | Y 000 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality and Compliance

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| Y 000 | Continued From page 1 | Y 000 | | | |
| Y 850 SS=F | <p>449.274(1)(a) Medical Care of Resident</p> <p>NAC 449.274</p> <p>1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of the illness or at the time of the injury. The facility shall:</p> <p>(a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident is the resident's physician is not available.</p> <p>This Regulation is not met as evidenced by: Based on record reviews and interviews from 2/14/11 to 2/15/11, the facility failed to ensure the resident was treated by a medical professional without delay when injured (Resident #1).</p> <p>This was a repeat deficiency from the 12/14/09 and 12/8/10 complaint surveys.</p> <p>Severity: 2 Scope: 1</p> | Y 850 | | | |

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